

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445391	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/01/2017
NAME OF PROVIDER OR SUPPLIER MANCHESTER HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 395 INTERSTATE DRIVE MANCHESTER, TN 37355		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 05/01/2017. During this Life Safety Survey, Manchester Healthcare Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.	K 000			
K 211 SS=D	The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the means of egress. The findings included: 1. Observation on 05/01/2017 at 1:18 PM, revealed a cart (outside) obstructing the 500 hallway emergency egress door. NFPA 101, 19.2.3.5 (2012 Edition) 2. Observation on 05/01/2017 at 1:34 PM, revealed an ice cart stored in the corridor by room	K 211			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 211	Continued From page 1 108. NFPA 101, 19.2.3.4 (2012 Edition)	K 211			
K 223 SS=D	<p>Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.</p> <p>NFPA 101 Doors with Self-Closing Devices</p> <p>Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:</p> <ul style="list-style-type: none"> * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. <p>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This STANDARD is not met as evidenced by: Based on observations and testing, the facility failed to maintain the cross corridor doors.</p> <p>The finding included:</p> <p>Observation and testing on 5/1/17 at 1:26 PM, revealed the 500 hall cross corridors did not shut within the frame both on fire alarm activation and manual testing. NFPA 101, 19.2.2.2.7* (2012 Edition)</p> <p>Maintenance staff was present when this deficiency was identified and it was later acknowledged by the administrator during the exit</p>	K 223			

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K 223	Continued From page 2	K 223			
K 291 SS=D	NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the emergency lighting. The findings included: Document review on 05/01/2017 at 2:35 PM, revealed the facility failed to conduct monthly emergency lightening testing during the months between March of 2017 and June of 2016. NFPA 101, 19.2.9.1 (2012 Edition) NFPA 101, 7.9.3.1 (2012 Edition) Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.	K 291			
K 324 SS=D	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3,	K 324			

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K 324	<p>Continued From page 3</p> <p>or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the cooking facilities.</p> <p>The findings included:</p> <p>1. Observation and interview with kitchen staff member 1 on 5/1/17 at 1:52 PM, revealed kitchen staff member 1 did not correctly inform the inspector of said duties in the event of a kitchen fire. NFPA 101, 19.3.2.5.3 (2012 Edition) NFPA 96, 10.5.7 (2011 Edition)</p> <p>2. Document review on 05/01/2017 at 2:32 PM, revealed the facility failed to provide documentation for the semi-annual kitchen hood Ansul suppression system inspections during 2016. NFPA 101, 19.3.2.5.3 (2012 Edition) NFPA 96, 11.2.1 (2011 Edition)</p> <p>3. Document review on 05/01/2017 at 2:33 PM, revealed the facility failed to provide documentation for the semi-annual kitchen hood cleaning during 2016. NFPA 101, 19.3.2.5.3 (2012 Edition) NFPA 96, 11.4 (2011 Edition)</p>	K 324			

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K 324	Continued From page 4	K 324			
K 345 SS=D	<p>Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is not met as evidenced by: Based on document review and observation, the facility failed to maintain the fire alarm system.</p> <p>The findings included:</p> <p>1. Document review on 05/01/2017 at 2:31 PM, revealed the facility failed to provide documentation for the annual fire alarm inspection for 2017 (last inspection 02/16). NFPA 101, 19.3.2.5.3(11) (2012 Edition) NFPA 72, Table 14.4.5 (2010 Edition)</p> <p>2. Observation on 05/01/2017 at 3:33 PM, revealed the fire alarm strobe in the corridor by room 109 was not functioning. NFPA 101, 19.3.4.5.1 (2012 Edition) NFPA 101, 9.6.1.3</p>	K 345			

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K 345	Continued From page 5 (2012 Edition) NFPA 72, 14.2.1.2.2 (2010 Edition)	K 345			
K 353 SS=D	<p>Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <p>1. Observation on 5/1/17 at 1:38 PM and at 2:32 PM, revealed corrosion on sprinkler heads in the following outside locations:</p> <p>a. Outside canopy of 500 hall</p>	K 353			

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K 353	<p>Continued From page 6</p> <p>b Outside canopy of 300 hall. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 26.1 (2010 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition)</p> <p>2. Observation on 5/1/17 at 2:05 PM, revealed 4 sprinklers with a foreign material (dirt) on the back drive under canopy of the 400 hall exit. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 26.1 (2010 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition)</p> <p>3. Observation on 5/1/17 at 2:09 PM-2:44 PM, revealed unapproved manufacturers paint on sprinklers in the following locations:</p> <p>a. Front drive under canopy (1 of 4) (back left hand corner facing the road) deflector</p> <p>b. Patient rooms 402 and 404 (filament liquid bulb) NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 26.1 (2010 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition)</p> <p>4. Document review on 05/01/2017 at 2:30 PM, revealed the facility failed to provide documentation for quarterly sprinkler inspections during the 4th and 3rd quarters of 2016 and the 1st quarter of 2017. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 24.6.1 (2010 Edition) NFPA 25, 5.1.1.2 (2011 Edition)</p> <p>5. Interview with the maintenance director on 05/01/2017 at 2:55 PM, revealed the quick-opening device on the dry pipe sprinkler system was out of service. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 24.6.1 (2010 Edition) NFPA 25, 13.4.4.3.1 (2011 Edition)</p>	K 353			

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K 353	Continued From page 7 Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.	K 353			
K 355 SS=D	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the clearance around fire extinguishers. The finding included: Observation on 5/1/17 at 1:33 PM, revealed a chair obstructing a fire extinguisher in the big dining room. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.4.1 (2012 Edition) NFPA 10, 6.1.3.3.2 (2010 Edition) Maintenance staff was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 5/1/17.	K 355			
K 363 SS=D	NFPA 101 Corridor - Doors Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke	K 363			

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K 363	<p>Continued From page 8</p> <p>compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the corridor doors.</p> <p>The findings included:</p> <p>1. Observation on 5/1/17 at 1:28 PM and 3:27 PM, revealed doors not latching within the frame in the following locations:</p> <ul style="list-style-type: none"> a. Patient room 508 b. Patient room 401 (during the fire drill) NFPA 101, 19.3.6.3.5 (2012 Edition) c. Employee break room door (2 hardware holes 	K 363			

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K 363	Continued From page 9 penetrating all the way through the door). NFPA 101, 19.3.6.3.1 (2012 Edition) 2. Observation on 05/01/2017 at 3:46 PM, revealed the medication room door at the nurse's station did not latch within the frame. NFPA 101, 19.3.6.3.5 (2012 Edition) Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.	K 363			
K 372 SS=D	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the smoke barriers. The findings included: Observation on 05/01/2017 at 1:46 PM, revealed an escutcheon plate missing in the Restorative Therapy office. NFPA 101, 19.3.7.3 (2012 Edition)	K 372			

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K 372	Continued From page 10 NFPA 101, 8.5.6.2 (2012 Edition) Observation on 05/01/2017 at 2:07 PM, revealed an escutcheon plate loose from the ceiling in the bathroom of room 207. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.6.2 (2012 Edition) Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.	K 372			
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the utilities. The findings included: Observation on 05/01/2017 at 1:30 PM, revealed the grounding prong on the electrical plug of the stand-up hairdryer was missing. NFPA 101, 19.5.1 (2012 Edition) NFPA 101, 9.1.2 (2012 Edition) NFPA 70, 110.12 (2011 Edition) Maintenance staff was present when the	K 511			

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K 511	Continued From page 11	K 511			
K 711 SS=D	<p>deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.</p> <p>NFPA 101 Evacuation and Relocation Plan</p> <p>Evacuation and Relocation Plan</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency.</p> <p>Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2.</p> <p>18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed maintain the emergency evacuation and relocation plan.</p> <p>The findings included:</p> <p>Observation during the fire drill on 05/01/2017 at 3:34 PM, revealed staff did not latch the door to room 209. NFPA 101, 19.7.2.1.2 (2012 Edition)</p> <p>Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.</p>	K 711			
K 741 SS=D	<p>NFPA 101 Smoking Regulations</p> <p>Smoking Regulations</p> <p>Smoking regulations shall be adopted and shall</p>	K 741			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER MANCHESTER HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 395 INTERSTATE DRIVE MANCHESTER, TN 37355		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 741	<p>Continued From page 12</p> <p>include not less than the following provisions:</p> <p>(1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.</p> <p>(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to comply with smoking regulations.</p> <p>The finding included:</p> <p>Observation on 5/1/17 at 1:45 PM and 3:01 PM, revealed cigarette filters improperly disposed of in the following locations:</p> <p>a. Outside the emergency kitchen exit (outside on the ground)</p> <p>b. Outside of the 300 hall emergency exit (outside on the ground)</p>	K 741			

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K 741	Continued From page 13 Maintenance staff was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 5/1/17.	K 741			
K 908 SS=D	NFPA 101 Gas and Vacuum Piped Systems - Inspection and Gas and Vacuum Piped Systems - Inspection and Testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and document review, the facility failed to maintain the gas and vacuum systems. The findings included: 1. Observation on 05/01/2017 at 2:22 PM, revealed oxygen medical gas piping (copper) supported by steel clamp straps in the sprinkler riser room. NFPA 99, 5.1.10.11.4.2 (2012 Edition) 2. Observation on 05/01/2017 at 2:23 PM, revealed an aluminum grounding strap attached to the oxygen medical gas piping (copper) in the sprinkler riser room. NFPA 99, 5.1.10.11.4.2 (2012 Edition) 3. Document review on 05/01/2017 at 2:39 PM, revealed the facility failed to conduct the annual medical gas inspection the medical gas piping during 2016. NFPA 99, 5.2.14, (2012 Edition)	K 908			

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K 908	Continued From page 14 NFPA 99, 5.1.14.2.3.1 (2012 Edition) NFPA 99, 5.1.14.4.4 (2012 Edition) Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.	K 908			
K 909 SS=D	NFPA 101 Gas and Vacuum Piped Systems - Information an Gas and Vacuum Piped Systems - Information and Warning Signs Piping is labeled by stencil or adhesive markers identifying the gas or vacuum system, including the name of system or chemical symbol, color code (Table 5.1.11), and operating pressure if other than standard. Labels are at intervals not more than 20 feet, are in every room, at both sides of wall penetrations, and on every story traversed by riser. Piping is not painted. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency. 5.1.14.3, 5.1.11.1, 5.1.11.2, 5.2.11, 5.3.13.3, 5.3.11 (NFPA 99) This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the piped in oxygen lines. The finding included: Observation on 5/1/17 at 4:07 PM, revealed the oxygen lines above the 300 hall ceiling were not labeled. NFPA 99, 5.1.11.1.1 (2012 Edition) Maintenance staff was present when this deficiency was identified and it was later	K 909			

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K 909	Continued From page 15	K 909			
K 920 SS=D	<p>acknowledged by the administrator during the exit conference on 5/1/17.</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to prohibit unapproved uses of power-strips and extension cords.</p> <p>The findings included:</p> <p>1. Observation on 05/01/2017 at 1:33 PM, revealed an unapproved power-strip in use in</p>	K 920			

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K 920	<p>Continued From page 16 room 104. NFPA 99, 10.2.4 (2012 Edition)</p> <p>2. Observation on 05/01/2017 at 2:05 PM, revealed an extension cord in use in the Environmental Services office. NFPA 99, 10.2.4 (2012 Edition)</p> <p>3. Observation on 05/01/2017 at 2:12 PM, revealed a medical bed plugged in to an unapproved power-strip in room 213. NFPA 99, 10.2.4 (2012 Edition)</p> <p>4. Observation on 5/1/17 at 2:24 PM, revealed an extension cord in use in patient room 302. NFPA 99, 10.2.4 (2012 Edition)</p> <p>Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.</p>	K 920			